

i, † Go to [courts.in.gov/covid](#) to learn about how courts around the state are responding to COVID-19, adjusting operations, and preparing courthouses for public access.

i, † **Eviction case?** Apply for rent assistance and learn about settling your case

## Case Summary

« Back New Search Refine Search

### Patricia Young v. Indianapolis Metropolitan Police Department North District

Case Number	49D04-2201-CT-001304
Court	Marion Superior Court 4
Type	CT - Civil Tort
Filed	01/13/2022
Status	01/13/2022 , Pending (active)

Parties to the Case

Show all party details

i...™ Defendant Indianapolis Metropolitan Police Department North District

i...™ Plaintiff Young, Patricia

### Chronological Case Summary

01/13/2022	<b>Case Opened as a New Filing</b>
01/14/2022	<div><div></div><div><b>Appearance Filed</b></div></div> <div><div>For Party:</div><div>Young, Patricia</div><div>File Stamp:</div><div>01/14/2022</div></div>
01/14/2022	<div><div></div><div><b>Complaint/Equivalent Pleading Filed</b></div></div> <div><div>Filed By:</div><div>Young, Patricia</div><div>File Stamp:</div><div>01/14/2022</div></div>
01/14/2022	<div><div></div><div><b>Subpoena/Summons Filed</b></div></div> <div><div>Filed By:</div><div>Young, Patricia</div><div>File Stamp:</div><div>01/14/2022</div></div>
01/14/2022	<div><div></div><div><b>Service Issued</b></div></div> <div><div>SUMMONS- TRACKING # 9402114902675317519035</div><div><div>Requested By:</div><div>Young, Patricia</div><div>Serve To:</div><div>Indianapolis Metropolitan Police Department North District</div></div></div>

Issued:

01/14/2022

02/09/2022

 **Appearance Filed**

Appearance

For Party:

Indianapolis Metropolitan Police Department North District

File Stamp:

02/09/2022

Financial Information

† Financial Balances reflected are current representations of transactions processed by the Clerk’s Office. Please note that any balance due does not reflect interest that has accrued – if applicable – since the last payment. For questions/concerns regarding balances shown, please contact the Clerk’s Office.

Young, Patricia

Plaintiff

Balance Due (as of 02/10/2022)

0.00

Charge Summary

Description	Amount	Credit	Payment
Court Costs and Filing Fees	157.00	0.00	157.00

Transaction Summary

Date	Description	Amount
01/13/2022	Transaction Assessment	157.00
01/13/2022	Counter Payment	(157.00)

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STATE OF INDIANA ) IN THE Civil COURT  
 ) SS:  
COUNTY OF Marion ) Case Number: 49D042201CT001304  
(To be supplied by Clerk when case is filed.)

(Caption)

APPEARANCE BY ATTORNEY IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. The party on whose behalf this form is being filed is:

Initiating X Responding \_\_\_\_\_ Intervening \_\_\_\_\_; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party Patricia Young

Address of party (see Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)

3601 Moller Road Indpls. IN  
46224

Telephone # of party 317-371-4252

FAX: \_\_\_\_\_

Email Address: Patricia.yrocketmail@yahoo.com

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: Patricia Young Atty Number: \_\_\_\_\_

Address: 3601 Moller Road Indpls.  
IN. 46224

Phone: 317-371-4252

FAX: \_\_\_\_\_

Email Address: Patricia.yrocketmail@yahoo.com

(List on continuation page additional attorneys appearing for above party)

3. This is a Tort Claims case type as defined in administrative Rule 8(B)(3).
4. I will accept service from other parties by:  
 FAX at the above noted number: Yes ☐ No ☒  
 Email at the above noted number: Yes ☒ No ☐
5. This case involves child support issues. Yes ☐ No ☒ (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper. Use Form TCM-TR3.1-4.)
6. This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. Yes ☐ No ☒ (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:

\_\_\_\_ Attorney's address  
 \_\_\_\_ The Attorney General Confidentiality program address  
 (contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.in.gov).  
 \_\_\_\_ Another address (provide)  
 \_\_\_\_\_

7. This case involves a petition for involuntary commitment. Yes ☐ No ☒
8. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:
- a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above: \_\_\_\_\_
- b. State of Residence of person subject to petition: \_\_\_\_\_
- c. At least one of the following pieces of identifying information:
- (i) Date of Birth \_\_\_\_\_
- (ii) Driver's License Number \_\_\_\_\_  
 State where issued \_\_\_\_\_ Expiration date \_\_\_\_\_
- (iii) State ID number \_\_\_\_\_  
 State where issued \_\_\_\_\_ Expiration date \_\_\_\_\_
- (iv) FBI number \_\_\_\_\_

(v) Indiana Department of Corrections Number \_\_\_\_\_

(vi) Social Security Number is available and is being provided in an attached confidential document Yes \_\_\_\_\_ No \_\_\_\_\_

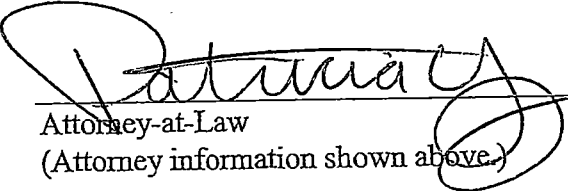
9. There are related cases: Yes \_\_\_\_\_ No X (If yes, list on continuation page.)

10. Additional information required by local rule:

\_\_\_\_\_

11. There are other party members: Yes \_\_\_\_\_ No X (If yes, list on continuation page.)

12. This form has been served on all other parties and Certificate of Service is attached:  
Yes X No \_\_\_\_\_

  
\_\_\_\_\_  
Attorney-at-Law

(Attorney information shown above.)

# CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

Patricia Young  
Marion

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

## DEFENDANTS

Indianapolis Metro-  
politan Police Department North District  
Marion

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff  
☐ 2 U.S. Government Defendant  
☐ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- (For Diversity Cases Only)
- |   |                                       |                                       |   |                            |                            |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2            | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3            | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>INTELLECTUAL PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from Another District (specify)  
☐ 6 Multidistrict Litigation - Transfer  
☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Criminal Confinement

Brief description of cause:

I was criminal confined for 6 days by Police.

## VII. REQUESTED IN COMPLAINT:

- ☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.  
DEMAND \$ 60,000,000.00  
CHECK YES only if demanded in complaint:  
JURY DEMAND: ☐ Yes ☒ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## UNITED STATES DISTRICT COURT

for the

13 District of IndianaCivil Division

Case No.

49D042201CT001304

(to be filled in by the Clerk's Office)

Patricia Young

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☐ Yes ☒ NoIndiapolis Metropolitan Police DepartmentDefendant(s) North District

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Patricia Young  
3601 Moller Road  
Indianapolis, Marion  
Indiana 46224  
317-371-4252  
Patricia.yrocke@mail@yahoo.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.



Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## Defendant No. 1

Name  
 Job or Title *(if known)*  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address *(if known)*

Indianapolis Metropolitan Police Depart  
 ment North District  
 3120 E. 30th street Indpls, IN 46208  
 Indianapolis, Marion  
 Indiana 46208  
 317-327-6100

## Defendant No. 2

Name  
 Job or Title *(if known)*  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address *(if known)*

David Kuchta-Drane  
 Police officer  
 3120 E. 30th street  
 Indianapolis, Marion  
 Indiana 46208  
 317-327-6100

## Defendant No. 3

Name  
 Job or Title *(if known)*  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address *(if known)*

## Defendant No. 4

Name  
 Job or Title *(if known)*  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address *(if known)*

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Criminal Confinement, Obstruction of Justice, Fraud, Discrimination, Defamation of Character

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Patricia Young, is a citizen of the State of (name) Indiana.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) David Kuchta-Drane, is a citizen of the State of (name) Indiana. Or is a citizen of (foreign nation) \_\_\_\_\_.

- b. If the defendant is a corporation.  
 The defendant, (name) Indianapolis metropolitan Police Department North District is incorporated under the laws of the State of (name) Indiana, and has its principal place of business in the State of (name) Indiana.  
 Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) Indianapolis.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

I was in fear for my life and terrified for 6 days, while I was criminally confined by the Police for 6 days.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

It began on January 17, 2020 when I had meeting planned by myself and police officer David Kochta-Drane about reporting crimes. I was given a mental health check and passed and I was told I was going to have a test done at a hospital for rape & then I was

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I was drugged in a mental hospital for 6 days and I was given medication that made me almost die. I almost missed both my sons Birthdays.

criminally confined for 6 days in a mental hospital on a 72 hour by the Police. detention

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

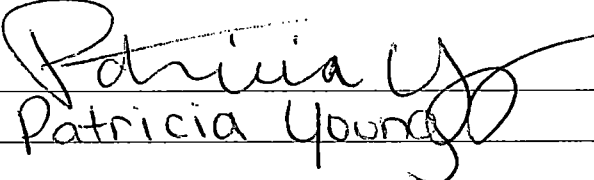
**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1-13-2022

Signature of Plaintiff

Printed Name of Plaintiff

  
Patricia Young

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## UNITED STATES DISTRICT COURT

for the  
13 District of Indiana  
Civil Division

Case No. 49D042201CT001304  
 (to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☒ No

Patricia Young  
 Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Indianapolis Metropolitan  
 Police Department North District  
 Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

County

Telephone Number

E-Mail Address

Patricia Young  
 3601 Moller Road  
 Indianapolis IN 46324  
City State Zip Code  
 Marion  
 317-371-4252  
 Patricia.young@mail@yahoo.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Indianapolis Metropolitan Police Department North V District  
 government agency / Police  
 3120 E. 30th Street  
 Indianapolis IN 46208  
City State Zip Code  
 Marion  
 317-327-6100  
☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

David Kuchta-Drane  
 Police officer  
 3120 E. 30th Street  
 Indianapolis IN 46208  
City State Zip Code  
☒ Individual capacity ☐ Official capacity

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## Defendant No. 3

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐

Individual capacity

☐

Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐

Individual capacity

☐

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Disability Discrimination. Because they discriminated me on the basis that I was mentally Disabled. I am not mentally disabled and was not then

Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

**IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

**V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I need restotion of \$ 60,000,000. I want my case looked at by the police. I was drugged in a mental hospital for P.Y. and criminally confine 6 days. on January 17, 2020 I had a planned meeting by myself and police office David Kuchta-Drane about reporting crimes. I was given a mehtal health check and passed. I was told I was going to the hospital to have a rape kit done at a hospital. Then I was put on a 72 hour detention <sup>by the Police</sup> hold at Eskanzi hostipital / mental hospital <sup>Oppinst</sup> mu (A) 111.



- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Indianapolis Metropolitan Police Department  
North District

- B. What date and approximate time did the events giving rise to your claim(s) occur?

1-17-2020 at 10:47 a.m.

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was put on a 72 hour detention / hold by the police at Egskenza Hospital against my will by officer David Kutcha-Drane. I passed the mental health check given to me by officer David Kutcha-Drane. 2 other officers or personnel at the police station witnessed the mental health check given to me.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

1-13-2022

Signature of Plaintiff

Printed Name of Plaintiff

Patricia Young  
Patricia Young

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## SUMMONS

Patricia Young

In the Marion Superior Court, Room No.

Plaintiff

49D042201CT001304

-vs-

Cause  
No.Indianapolis Metropolitan  
Police Department North District

Defendant

TO DEFENDANT: (Name) Indianapolis Metropolitan Police Department  
(Address) 3120 E. 30th Street North District  
Indianapolis, Indiana 46208

You are hereby notified that you have been sued by the person named as plaintiff and in the Court indicated above.

The nature of the suit against you is stated in the complaint which is attached to this Summons. It also states the relief sought or the demand made against you be the plaintiff.

An answer or other appropriate response in writing to the complaint must be filed either by you or your attorney within twenty (20) days, commencing the day after you receive this Summons, (or twenty-three (23) days if this Summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by plaintiff.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

If you need the name of an attorney, you may contact the Indianapolis Bar Association Lawyer Referral Service (269-2722), or the Marion County Bar Association Lawyer Referral Service (634-3950).

Dated \_\_\_\_\_ (Seal)  
Clerk, Marion Superior Court

(The following manner of service of summons is hereby designated.)

<input type="checkbox"/>	Registered or certified mail.
<input type="checkbox"/>	Service at place of employment, to-wit: _____
<input type="checkbox"/>	Service on individual (Personal or copy) at above address.
<input type="checkbox"/>	Service on agent (Specify) _____
<input type="checkbox"/>	Other service. (Specify) _____

Patricia Young  
Attorney for Plaintiff7608 Eagle Valley Pass  
Address Indianapolis, IN  
317-371-4252 46214  
TelephoneMarion County Superior Court  
200 East Washington Street  
Indianapolis, IN 46204

Telephone

<b>F</b>	<b>\$6.27</b> <b>US POSTAGE</b>	
	01/14/2022 From 46204 0 lbs 3 ozs Zone 1	Pitney Bowes CommPrice 026W0004897682 3000143177
<b>USPS FIRST-CLASS PKG</b>		
Marion County Clerk MARION COUNTY CLERK 200 E Washington St, # T322 Indianapolis IN 46204-3307		49D642201CT081304
<b>0005</b>		
<b>C043</b>		
INDIANAPOLIS METROPOLITAN POLICE DEPARTM INDIANAPOLIS METROPOLITAN POLICE DEPARTM NORTH DISTRICT 3120 E 30TH ST INDIANAPOLIS IN 46218-2851		
<b>USPS SIGNATURE TRACKING #</b>		
		
9402 1149 0267 5317 5190 35		

## SUMMONS

Patricia Young

In the Marion Superior Court, Room No.

Plaintiff

49D042201CT001304

Cause  
No.

-vs-

Indianapolis Metropolitan  
Police Department North District

Defendant

TO DEFENDANT: (Name) Indianapolis Metropolitan Police Department  
(Address) 3120 E. 30th Street North District  
Indianapolis, Indiana 46208

You are hereby notified that you have been sued by the person named as plaintiff and in the Court indicated above.

The nature of the suit against you is stated in the complaint which is attached to this Summons. It also states the relief sought or the demand made against you be the plaintiff.

An answer or other appropriate response in writing to the complaint must be filed either by you or your attorney within twenty (20) days, commencing the day after you receive this Summons, (or twenty-three (23) days if this Summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by plaintiff.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

If you need the name of an attorney, you may contact the Indianapolis Bar Association Lawyer Referral Service (269-2222), or the Marion County Bar Association Lawyer Referral Service (634-3950).

Dated \_\_\_\_\_

Clerk, Marion Superior Court

Myla A. Eldridge

(Seal)

JAN 13 2022

(The following manner of service of summons is hereby designated.)

<input type="checkbox"/>	Registered or certified mail.
<input type="checkbox"/>	Service at place of employment, to-wit _____
<input type="checkbox"/>	Service on individual (Personal or copy) at above address.
<input type="checkbox"/>	Service on agent. (Specify) _____
<input type="checkbox"/>	Other service. (Specify) _____

Patricia Young  
Attorney for PlaintiffAddress 7608 Eagle Valley Pass  
Indianapolis, IN  
317-371-4252 46214  
TelephoneMarion County Superior Court  
200 East Washington Street  
Indianapolis, IN 46204

Telephone

STATE OF INDIANA	)	IN THE MARION SUPERIOR COURT 11
	)	
	SS:	
COUNTY OF MARION	)	CAUSE NO. 49D04-2201-CT-001304
PATRICIA YOUNG,	)	
	)	
Plaintiff,	)	
	)	
v.	)	
	)	
INDIANAPOLIS METROPOLITAN	)	
POLICE DEPARTMENT,	)	
	)	
Defendant.	)	

### Appearance

1. Party: Responding

The undersigned attorney appears in this case for the following parties:

Indianapolis Metropolitan Police Department.

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: Andrew J. Upchurch (30174-49)  
Address: 200 East Washington Street, Suite 1601  
Indianapolis, IN 46204  
Phone: (317) 327-4055  
FAX: (317) 327-3968  
E-Mail: [andrew.upchurch@indy.gov](mailto:andrew.upchurch@indy.gov)

3. This is a CT case type as defined in administrative Rule 8(B)(3).
4. I will not accept service from other parties by FAX or E-mail.
5. This case does not involve child support issues.
6. This case does not involve protection from abuse order, a workplace violence restraining order, or a no-contact order.
7. This case does not involve a petition for involuntary commitment.
8. There are no individuals subject to a petition for involuntary commitment.
9. The appearing attorney is not aware of related cases.

10. There is not additional information required by local rule.
11. There are no other party members.
12. This form has been served on all other parties and a Certificate of Service is attached.

Respectfully submitted,

/s/ Andrew J. Upchurch  
Andrew J. Upchurch (30174-49)  
Deputy Chief Litigation Counsel  
Office of Corporation Counsel  
200 East Washington Street, Room 1601  
Indianapolis, Indiana 46204  
Telephone: (317) 327-4055  
Fax: (317) 327-3968  
E-Mail: [andrew.upchurch@indy.gov](mailto:andrew.upchurch@indy.gov)

#### **Certificate of Service**

I hereby certify that on February 9, 2022 a copy of the foregoing was filed electronically.

Service of this filing will be made on Registered Users via the Indiana E-Filing System.

Patricia Young  
3601 Moller Road  
Indianapolis, IN 46224

/s/ Andrew J. Upchurch  
Andrew J. Upchurch (30174-49)  
Deputy Chief Litigation Counsel

OFFICE OF CORPORATION COUNSEL  
200 E. Washington Street, Suite 1601  
Indianapolis, IN 46204  
Phone: 317-327-4055  
Fax: 317-327-3698  
Email: [andrew.upchurch@indy.gov](mailto:andrew.upchurch@indy.gov)